

## CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM

## PROVIDER SUMMARY REPORT (PSR)

1. PROVIDER ID

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Program

County

Facility

2. REPORT MONTH

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Month

Year

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Check box if this is to correct a previously submitted PSR.

3. METHADONE CENSUS - Enter the number of participants actively enrolled in methadone treatment on the last day of the Report Month. (These participants should also be counted in the Participant Census below).

Detoxification \_\_\_\_\_

Maintenance \_\_\_\_\_

4. PARTICIPANT CENSUS - In the matrix below, enter the number of participants actively enrolled in this facility. The census should be reported as of the last day of the Report Month by type of service.

Type of Service	Active Participants As of the Last Day of the Month
<b>Non-Residential / Outpatient</b>	
1) Treatment/ Recovery	
2) Day Program/ Intensive	
3) Detoxification	
<b>Residential</b>	
4) Detox/ Hospital	
5) Detox/ Non-hospital	
6) Treatment/ Recovery (30 days or less)	
7) Treatment/ Recovery (31 days or more)	
All Codependents/ Significant Others	

Name of Provider:

Provider Location Address:

Name of Provider Liaison:

Telephone Number:

( )

Director: \_\_\_\_\_

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Please check this box if above are changes.

5. PARTICIPANT RECORDS  
SUBMITTED FOR THIS REPORT  
MONTH

Total Admissions (include codependents) \_\_\_\_\_

Total Discharges \_\_\_\_\_

PARTICIPANT CENSUS  
VERIFICATION

I have reviewed this report and verify that it contains complete and accurate information.

\_\_\_\_\_  
Director's Signature / Date

## FOR STATE USE ONLY

Date Postmarked \_\_\_\_\_

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_